497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER			Date of		Date Stamp	CALIFORNIA 107	
O'Neill for City	Council 2016			11/05/2016		FOR	
AREA CODE/PHONE NUMBER (949) 416-9313		I.D. NUMBER (if applicable) 1380980	Report No. 1	6-10	BMAINED ON	For Official Use Only	
STREET ADDRESS 2618 San Miguel Dr #173			☐ Amendme		BMAINED ON 11.0.16		
CITY		STATE ZIP CODE	(explain below)		11-0.16		
Newport Beach		CA 92660	No. of Pages	3 1			
1. Contribution	(s) Received					,	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CONTRIBUTOR CODE *	ENTER OCCUPATION AND	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
	REPAC California			☐ IND 区OM ☐ OTH ☐ PTY ☐ SCC			1,100.00 Check if Loan % Provide interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
Reason for Amendme	ent:				*Contributor Codes IND – Individual COM – Recipient C OTH – Other (e.g. PTY – Political Par	Committee (oth , business enti ty	"

SCC - Small Contributor Committee